

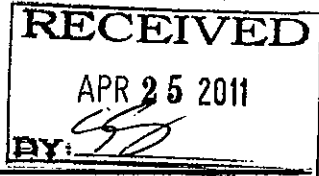
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE 9
11 APR 28 2011
A Public Document

Date Received
Official Use Only



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Huebner Peter W

1. Office, Agency, or Court

Agency Name

County of Sierra

Division, Board, Department, District, if applicable

Your Position

Long Valley Groundwater Management District

Director #7

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☒ County of Sierra
☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ____/____/____, through December 31, 2010.
☐ Assuming Office: Date ____/____/____
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- ☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that th

Date Signed 04-22-2011
(month, day, year)

Signature

Form 700 Statement of Economic Interest - Expanded Statement

Sierra County Service Area 2 - Supervisor

Sierra County Board of Equalization – District #2

Sierra County Local Transportation Commission – BOS Representative

Sierra County Local Agency Formation Commission (LAFCO) – BOS Representative

Sierra County Airport Advisory Committee – BOS Alternate

Regional Council of Rural Counties (RCRC) - Alternate

Northern Sierra Air Quality Management District – BOS Representative

P.O. Box 2305

Grass Valley, CA 95945

NoRTEC, (Northern Rural Training and Employment Consortium) – BOS Representative

7420 Skyway

Paradise, CA 95969

CSAC – Excess Insurance Authority – Alternate

301 Gold Canal Drive

Rancho Cordova, CA 95670

Trindel Board of Directors – Alternate

P.O. Box 289

Sierra City, CA 96125

Long Valley Groundwater Management District – Director #7

C/O Lassen County Dept. of community Development

707 Nevada Street, Suite 5

Susanville, CA 96130

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 JAN 14 2011
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) HUEBNER (FIRST) PETER (MIDDLE) W

1. Office, Agency, or Court

Agency Name SIERRA County County SUPERVISOR
 Division, Board, Department, District, if applicable BOARD OF SUPERVISORS
 Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)
☒ Multi-County SEE LIST ☒ County of SIERRA
☐ City of _____ ☒ Other MEMBER COUNTRIES

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
 -or-
 The period covered is _____ through December 31, 2010.
☐ Assuming Office: Date _____
☐ Leaving Office: Date Left _____
 (Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is _____ through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached
 -or-
☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)

(d)(5)

I have been so reasonably diligent in preparing this statement. I have reviewed this statement and to the best of my knowledge and information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the (d)(5)

Date Signed 01-12-2011
 (month, day, year)

Signature _____
 (File the original signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

► STREET ADDRESS OR PRECISE LOCATION
216 FORTY NINER DR
CITY SIERRA CITY, CA 96125

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
5/2/06 / / 10
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY _____

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
_____/_____/10_____/_____/10_____
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
CHASE

ADDRESS (Business Address Acceptable)
PO BOX 24714

BUSINESS ACTIVITY, IF ANY, OF LENDER
Columbus, OH 43224

INTEREST RATE 7.3 % ☐ None TERM (Months/Years) 30

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ % ☐ None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

<p>▶ NAME OF SOURCE <u>AIR QUALITY OF N. CA</u> ADDRESS (Business Address Acceptable) <u>P O BOX 2509</u> CITY AND STATE <u>GRASS VALLEY, CA 95945</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>1/1/10 - 12/31/10</u> AMT: \$ <u>1476.-</u> (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>TRAVEL to</u> <u>BOARD MEETINGS</u></p>	<p>▶ NAME OF SOURCE <u>NORTECH</u> ADDRESS (Business Address Acceptable) <u>7420 SKY WAY</u> CITY AND STATE <u>PARADISE, CA 95969</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>1/1/10 - 12/31/10</u> AMT: \$ <u>1079.17</u> (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>TRAVEL, Lodging, MEALS</u> <u>FOR BOARD MEETINGS</u></p>
<p>▶ NAME OF SOURCE <u>CSAC - EIA</u> ADDRESS (Business Address Acceptable) <u>3017 GOLD CANAL DR</u> CITY AND STATE <u>RANCHO CORDOVA, CA 95626</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>1/1/10 - 12/31/10</u> AMT: \$ <u>3093.18</u> (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>TRAVEL, Lodging,</u> <u>MEALS</u></p>	<p>▶ NAME OF SOURCE <u>TRINDEL INS. Fund</u> ADDRESS (Business Address Acceptable) <u>PO BOX 457</u> CITY AND STATE <u>SERRA CITY, CA 96125</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>1/1/10 - 12/31/10</u> AMT: \$ <u>813.50</u> (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>TRAVEL, Lodging,</u> <u>MEALS FOR BOARD</u> <u>MEETINGS</u></p>
<p>Comments: _____</p>	

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 <small>INCOME TAX RETURN</small>
Name _____

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>County of Sierra</u>
ADDRESS (Business Address Acceptable) _____ _____ _____
CITY AND STATE <u>Downieville, CA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ _____
DATE(S): <u>1/1/10 - 12/31/10</u> AMT: \$ <u>4524.52</u> <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income
DESCRIPTION: <u>County Travel</u> <u>to Meetings</u>

▶ NAME OF SOURCE <u>NOR CAL</u>
ADDRESS (Business Address Acceptable) _____ _____ _____
CITY AND STATE _____ _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ _____
DATE(S): <u>1/1/10 - 12/31/10</u> AMT: \$ <u>414.50</u> <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income
DESCRIPTION: <u>Board Meetings</u>

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____ _____ _____
CITY AND STATE _____ _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ _____
DATE(S): _____ AMT: \$ _____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____ _____ _____
CITY AND STATE _____ _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ _____
DATE(S): _____ AMT: \$ _____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: _____

Form 700 Statement of Economic Interest -- Expanded Statement

Sierra County Service Area 2 -- Supervisor

Sierra County Board of Equalization- District #2

Sierra County Flood Control & Water Conservation District- District 2

Sierra County Local Transportation Commission- Supervisor

Sierra County Local Agency Formation Commission- Member

Golden Sierra Job Training Agency-BOS Representative
11549 F Ave/ Dewitt Center
Auburn, Ca 95603

NoRTEC, (Northern Rural Training and Employment Consortium)- Member
7420 Skyway, Paradise, Ca 95969

Sierra Economic Development District-BOS Representative
560 Wall Street, Suite F
Auburn, Ca 95603

Regional Council of Rural Counties-Alternate

Northern California Supervisors Association-Member

Northern Sierra Air Quality Management District-Alternate
PO Box 2305
Grass Valley, Ca 95945

CSAC-Excess Insurance Authority-Member
3017 Gold Canal Drive, Rancho Cordova, Ca 95670

TRINDEL INSURANCE FUND-Member
PO Box
Sierra City, Ca 96125

JURISDICTION OF OFFICE

MULTI-COUNTY

COPY

Alameda
Alpine
Amador
Butte
Calaveras
Colusa
Contra Costa
Del Norte
El Dorado
Fresno
Glenn
Humboldt
Imperial
Inyo
Kern
Kings
Lake
Lassen
Madera
Marin
Mariposa
Mendocino
Merced
Modoc
Mono
Monterey
Napa

Nevada
Placer
Plumas
Riverside
Sacramento
San Benito
San Bernardino
San Diego
San Joaquin
San Luis Obispo
Santa Barbara
Santa Clara
Santa Cruz
Shasta
Sierra
Siskiyou
Solano
Sonoma
Stanislaus
Sutter
Tehama
Trinity
Tulare
Tuolumne
Ventura
Yolo
Yuba

COPY